



## *Short-Acting Opioid (SAO) Reduction Program*

The MHS: Healthcare to Health

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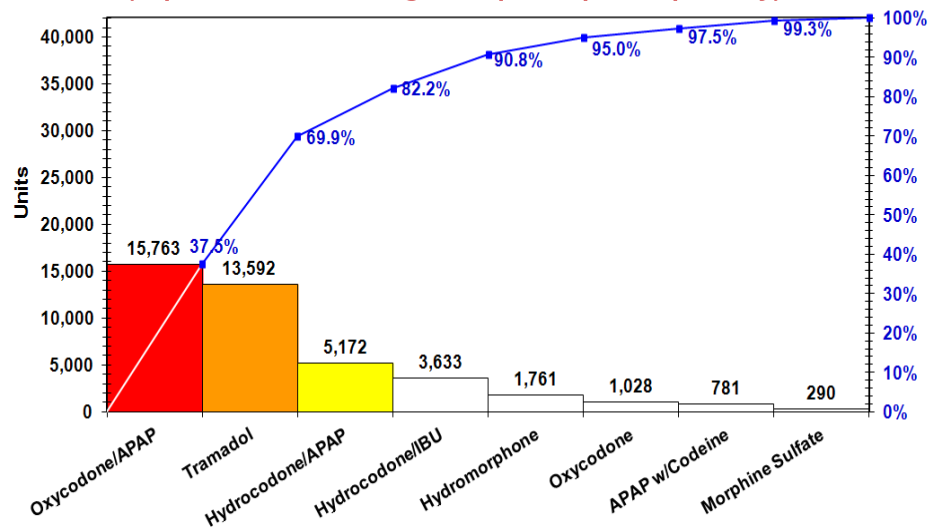
***Evans Army  
Community  
Hospital***

## Warrior Transition Battalion

NOV 2010 to FEB 2011 Prescribing Rates

42,020 Total Units for 116 of 403 WTB Patients (~ 28.8%)

**(Equivalent to 105 mgs Morphine per Pt per day)**

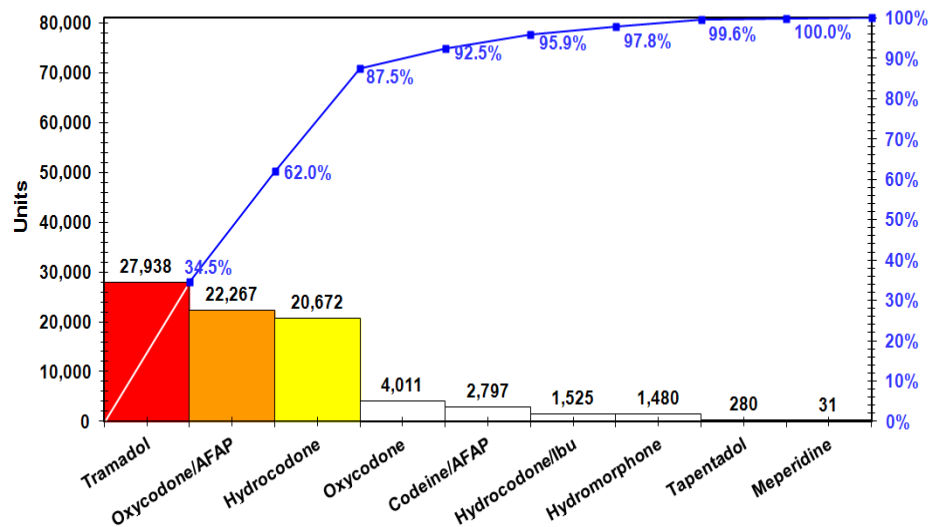


## Evans Family Medicine Clinic

June - August 2011 SAO Prescribing Rates

81,001 Total Units for 557 of 19,198 EFMC Patients (~ 2.9%)

**(Equivalent to 104 mgs of Morphine per Pt per day)**

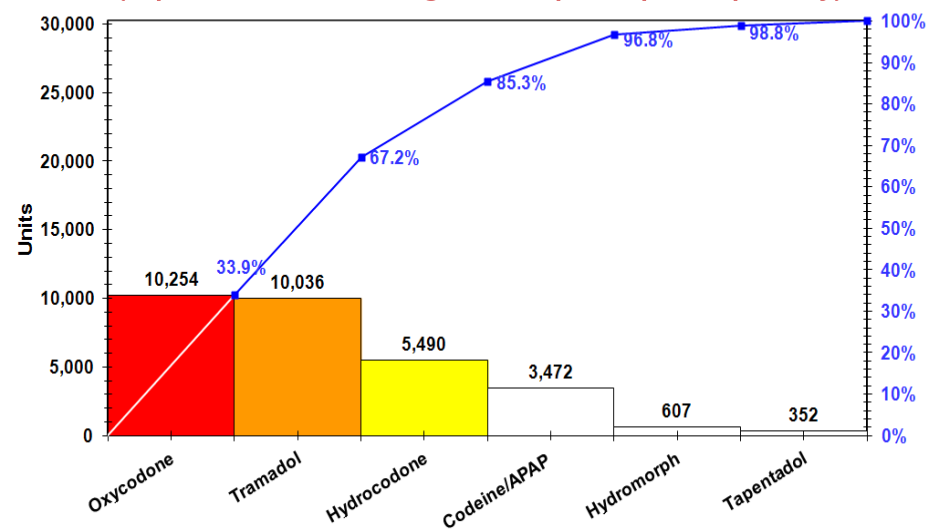


## Robinson Family Medicine Clinic

September - November 2011 SAO Prescribing Rates

29,791 Total Units for 91 of 7,405 RFMC Patients (~ 1.2%)

**(Equivalent to 128.3 mgs of Morphine per Pt per day)**

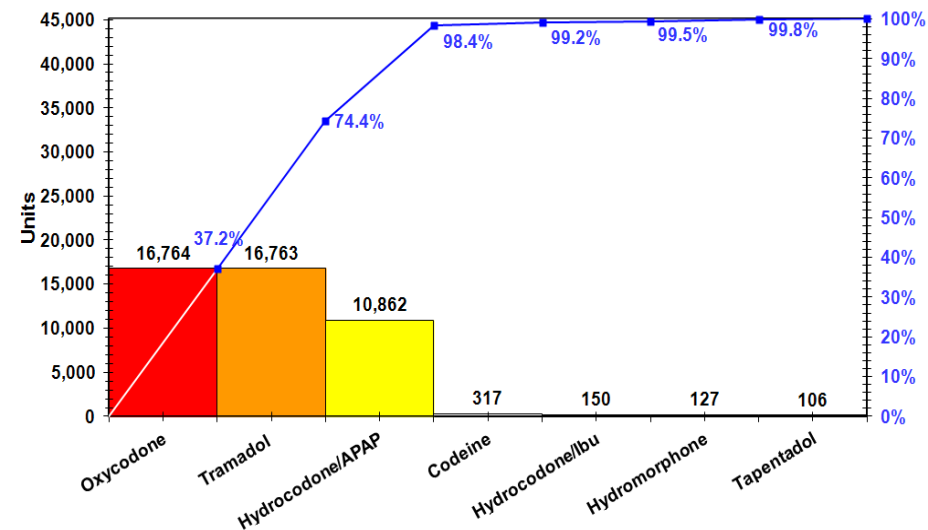


## Internal Medicine Clinic

September - November 2011 SAO Prescribing Rates

45,069 Total Units for 142 of 3,828 IMC Patients (~ 3.7%)

**(Equivalent to 182.2 mgs of Morphine/Pt/Day)**





## Clear Treatment Plan and Exit Strategy

**Reduce, Control, and Prevent SAO dependency for Soldiers & Families**

### Primary Outcomes

- Calculate and trend mg morphine equivalents/patient/day
- Improve measured functionality

### Secondary Outcomes

- Measure # of patients no longer needing SAOs
- Reduce ED visits, outside pain consults, and inpatient admissions
- Monitor and trend SPP violations

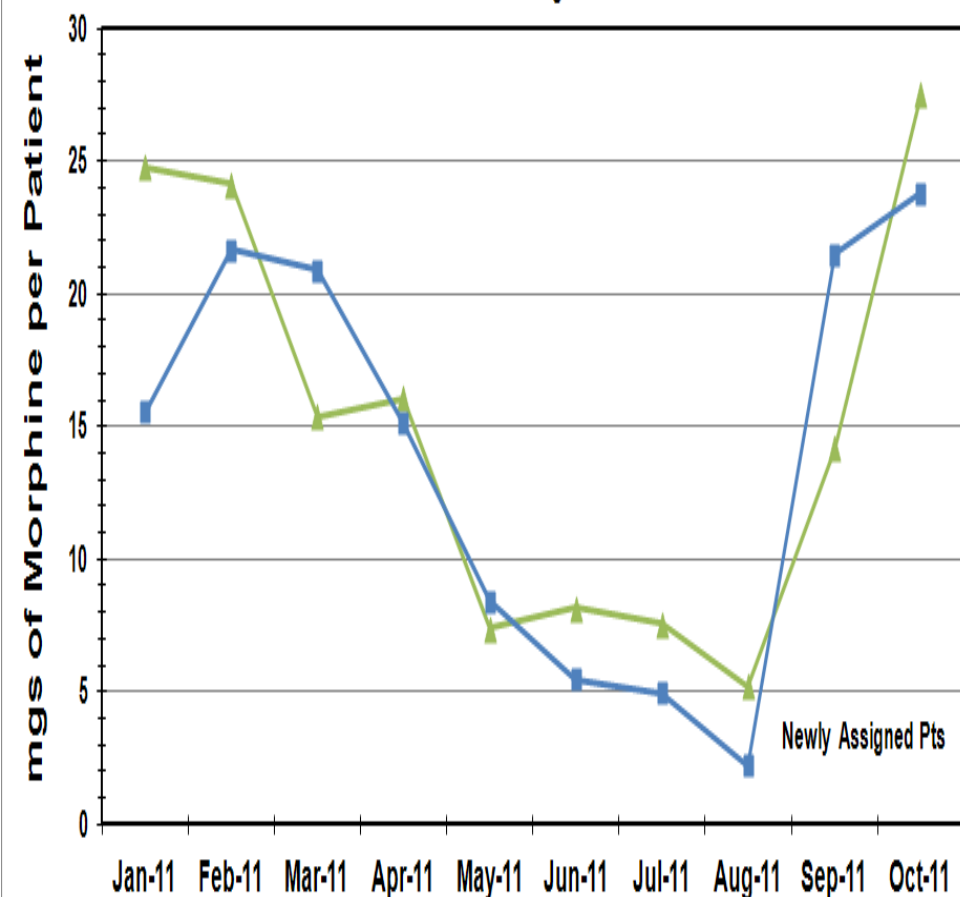


# Project Outcomes:



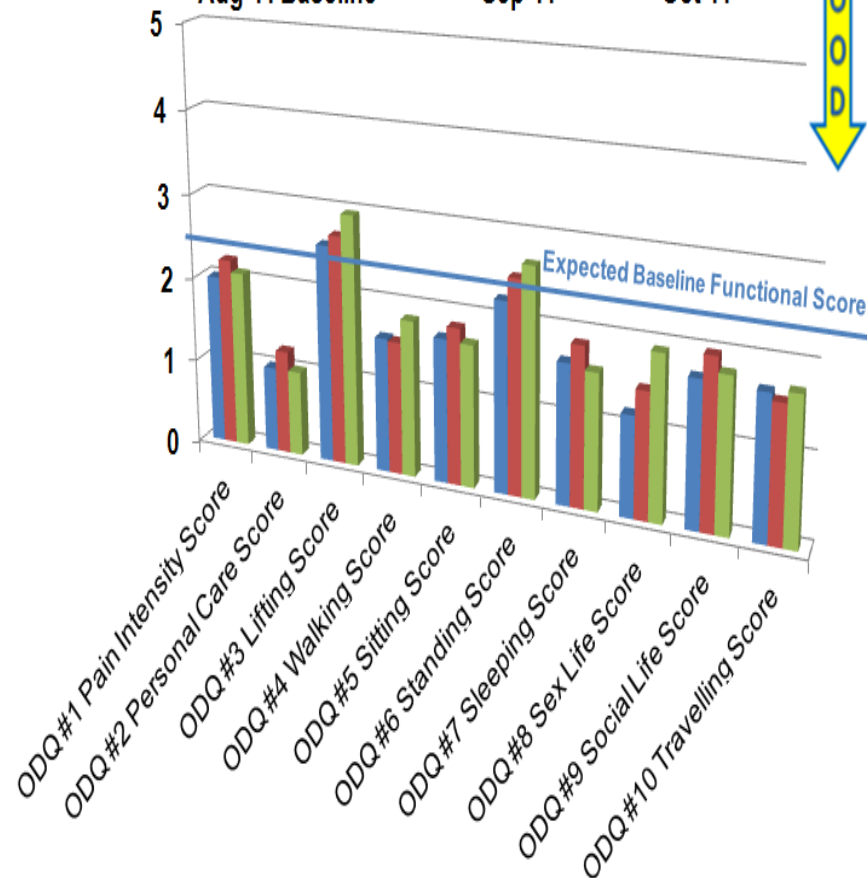
## WTB Milligrams of Morphine Dosage

Low Risk SOAPP-R < 18 High Risk SOAPP-R ≥ 18



## WTB Oswestry Disability Questionnaire Results

Aug-11 Baseline Sep-11 Oct-11





# Deployment Steps:

- 1. Obtain 90-day retrospective prescriptive data for empanelled population from DoD PEC**
- 2. Identify patients prescribed SAOs chronically (usage  $\geq 90$  days)**
- 3. Determine order of magnitude: calculate and aggregate mgs of Morphine per patient per day**
- 4. Educate providers and nursing staff (Pain Mgmt update, Algorithm, UDS, Pain School)**
- 5. Train support staff on processing of questionnaires**
- 6. Schedule patient visits**
- 7. Collect and record baseline SOAPP-R & QSD data**
- 8. Trend functional data over time**